

**Texas**

**Railroad Commission of Texas (RRC)**

**Re: 7520 Reports for the Fourth Quarter of FY2012**

**4<sup>th</sup> Quarter Period: (October 1, 2011 --- September 30, 2012)**

**Date: (Tuesday) October 30, 2012**

**Time: 4:23pm**

**Reference File**

**Code: WA-UI-PP**

BARRY T. SMITHERMAN, CHAIRMAN  
DAVID PORTER, COMMISSIONER  
BUDDY GARCIA, COMMISSIONER



GIL BUJANO, P.E.  
DIRECTOR, OIL AND GAS DIVISION

# RAILROAD COMMISSION OF TEXAS

## OIL AND GAS DIVISION

October 30, 2012

MS. MINNIE HOWARD  
SOURCE WATER PROTECTION (6WQ-SG)  
U. S. ENVIRONMENTAL PROTECTION AGENCY  
1445 ROSS AVENUE  
DALLAS TX 75202-2733

Re: UIC Federal Reporting  
4<sup>th</sup> Quarter Federal FY 2012

Dear Ms. Howard,

The UIC Federal Reporting Forms for the Railroad Commission's UIC program for the fourth quarter of federal fiscal year 2012 are attached.

If you have any questions, please email [susan.moore@rrc.state.tx.us](mailto:susan.moore@rrc.state.tx.us) or call 512-463-6820.

Sincerely,

A handwritten signature in cursive script that reads "Gil Bujano".

Gil Bujano P.E.  
Director  
Oil and Gas Division


GB/sam


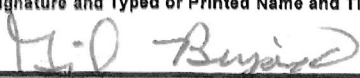
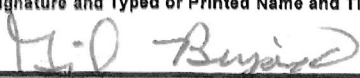
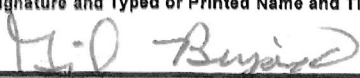
Attachments

Cc: Mr. Ray Leissner  
Source Water Protection (6WQ-AT)  
U. S. Environmental Protection Agency  
1445 Ross Avenue  
Dallas TX 75202-2733

Reference File  
Code: WA-UI-PP

<b>United States Environmental Protection Agency</b> Office of Ground Water and Drinking Water Washington, DC 20460 <b>UIC Federal Reporting System</b> <b>Part I: Permit Review and Issuance/</b> <b>Wells in Area of Review</b> (This information is solicited under the authority of the Safe Drinking Water Act)					<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency						
<b>II. Date Prepared (month, day, year)</b> 10/30/2012			<b>III. State Contact (name, telephone no.)</b> Gil Bujano 512-463-4513		<b>IV. Reporting Period (month, year)</b> From <b>October 1, 2011</b> To <b>09/30/2012</b>						
					<b>Class and Type of Injection Wells</b>						
Item					I	II			III	IV	V
						SWD 2D	ER 2R	HC 2H			
V. Permit Application	Number of Permit Applications Received					829	1732	3	0		
VI. Permit Determination	Permit Issued	A	Number of Individual Permits Issued (One Well)	New Wells		601	0	0	2		
			Existing Wells		0	0	0	0			
		B	Number of area Permits* Issued (Multiple Wells) (*See instructions on back)	New Well Field		0	1352	0	0		
			Existing Well Field		0	0	0	0			
	C	Number of Wells in Area Permits (See B above)	New Wells		0	2199	0	0			
		Existing Wells		0	0	0	0				
Permit Not Issued	D	Number of Permits Denied/Withdrawn (after complete technical review)			83	106	0	0			
Modification Issued	E	Number of Major Permit Modifications Approved			-----	1587	38	0			
VII. Permit File Review	Number of Rule-Authorized Class II Wells Reviewed			Wells Reviewed		-----	10871	830	63		
				Wells Deficient		NA	NA	NA	NA		
VIII. Area of Review (AOR)	Wells Reviewed	A	Number of Wells in Area of Review	Abandoned Wells		-----	**	**	**		
				Other Wells		-----	12817	363	0		
	Wells Identified for C/A	B	Number of Wells Identified for Corrective Action	Abandoned Wells		-----	4	0	0		
				Other Wells		-----	0	0	0		
	Wells with C/A	C	1. Number of Wells in AOR with Casing Repaired/Recemented C/A		0	0	0	0			
			2. Number of Active Wells in AOR Plugged/Abandoned		0	0	0	0			
			3. Number of Abandoned Wells in AOR Replugged		-----	4	0	0			
			4. Number of Wells in AOR with "Other" Corrective Action		-----	87	0	0			
<b>IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary)</b> **=included w/Other Wells;NA-deficiencies are note on Part II, V.A.											
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
Signature and Typed or Printed Name and Title of Person Completing Form 								Date 10/30/2012		Telephone No. (512) 463-4513	

 <p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b></p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>				<p><b>I. Name and Address of Reporting Agency</b></p> <p>United States Environmental Protection Agency</p>																																																																																																																																																				
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			6. Number of Well Shut-ins		0	15	0	0																																																																																																																																																																																				
			7. Number of Pipeline Severances		0	473	0	0																																																																																																																																																																																				
8. Number of Other Enforcement Actions Against SNC Violations (Specify)		0	0	0	0																																																																																																																																																																																							
VII. Summary of Compliance	Number of Wells In SNC Returned to Compliance		A. This Quarter			1,229																																																																																																																																																																																						
			B. This Year			5,430																																																																																																																																																																																						
VIII. Contamination		Number of Cases of Alleged Contamination of a USDW			0	0	0	0																																																																																																																																																																																				
IX. Well Closure	Class IV/Endangering Class V Well Closures			Involuntary Well Closure																																																																																																																																																																																								
				Voluntary Well Closure																																																																																																																																																																																								
<p align="center"><b>Certification</b></p> <p>I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.</p>																																																																																																																																																																																												
Signature and Typed or Printed Name and Title of Person Completing Form					Date		Telephone No.																																																																																																																																																																																					
 Gil Bujano					10/30/2012		(512) 463-4513																																																																																																																																																																																					

<p>United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part III: Inspections</b> <b>Mechanical Integrity Testing</b> (This information is solicited under the authority of the Safe Drinking Water Act)</p>					<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency							
<b>II. Date Prepared (month, day, year)</b> 10/30/2012			<b>III. State Contact (name, telephone no.)</b> Gil Bujano 512-463-4513		<b>IV. Reporting Period (month, year)</b> From <b>October 1, 2011</b> To <b>09/30/2012</b>							
					Class and Type of Injection Wells							
					I	II			III	IV	V	
						SWD 2D	ER 2R	HC 2H				
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected			—	30,232	4	28			
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed			—	7,588	4	28			
			2. Number of Emergency Response or Complaint Response Inspections			—	399	*	—			
			3. Number of Well Constructions Witnessed <b>3646</b>			**	**	**	**			
			4. Number of Well Pluggings Witnessed <b>7911</b>			**	**	**	**			
			5. Number of Routine/Periodic Inspections			—	22,245	—	—			
VI. Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)			—	20,543	765	96			
		B	No. of Rule-Authorized Wells Tested/Evaluated for MI	Passed 2-part test		NA	NA	NA	NA			
			Failed 2-part test		NA	NA	NA	NA				
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed		**	**	0	0		
					Well Failed		**	**	0	0		
			2. No. of Casing/Tubing Pressure Tests		Well Passed		—	19,568	0	28		
					Well Failed		—	975	0	0		
			3. Number of Monitoring Record Evaluations		Well Passed		—	0	699	35		
					Well Failed		—	0	0	0		
			4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed		—	0	66	35		
					Well Failed		—	0	10	10		
	For Fluid Migration	D	1. Number of Cement Record Evaluations		Well Passed		—	3,358	—	—		
					Well Failed		0	0	0	0		
			2. Number of Temperature/Noise Log Tests		Well Passed		—	67	10	0		
					Well Failed		—	1	10	0		
			3. No. of Radioactive Tracer/Cement Bond Tests		Well Passed		—	10	10	0		
					Well Failed		—	0	0	0		
			4. No. of Other Fluid Migration Tests/Evaluations (Specify)		Well Passed		—	0	66	35		
			Well Failed		—	0	10	0				
VII. Summary of Remedial Action	Total Wells	A	Number of Wells with Remedial Action			—	***	0	0			
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions			—	***	0	0			
			2. Number of Tubing/Packer Remedial Actions			—	***	0	0			
			3. Number of Plugging/Abandonment Remedial Actions			—	***	0	0			
			4. Number of Other Remedial Actions (Specify)			—	***	0	0			

VIII. Remarks/Ad Hoc Report (Attach additional sheets); \*From daily inspector reports; \*\*NA for UIC wells only, total for all well types; \*\*\*NA =

Certification

data not captured.

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Date

10/30/2012

Telephone No.

(512) 463-4513

